

## DECLARATION AND POWER OF ATTORNEY

As a below-named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

A METHOD TO INCREASE CEREBRAL BLOOD FLOW IN AMYLOID ANGIOPATHY

the specification of which:  
(check one)

X is attached hereto.

\_\_\_\_\_ was filed on \_\_\_\_\_ as

Application Serial No. \_\_\_\_\_

and was amended \_\_\_\_\_  
(if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the U.S. Patent and Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, Section 119 (a)-(d) or Section 365(b) of any foreign application(s) for patent or inventor's certificate, or Section 365(a) of any PCT International Application which designated at least one country other than the United States, listed below. I have also identified below any foreign application for patent or inventor's certificate, or PCT International Application having a filing date before that of the earliest application from which priority is claimed:

Prior Foreign Application(s)

Priority Claimed

<u>Number</u>	<u>Country</u>	<u>Filing Date</u>	<u>Yes</u>	<u>No</u>
N/A	_____	_____	_____	_____
_____	_____	_____	_____	_____
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Please address all communications, and direct all telephone calls, regarding this application to:

John P. White \_\_\_\_\_ Reg. No. 28,678  
 Cooper & Dunham LLP  
 1185 Avenue of the Americas  
 New York, New York 10036  
 Tel. (212) 278-0400

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of sole or first joint inventor David M. Stern

Inventor's signature

Citizenship U.S.A. Date of signature

Residence 63 Tanners Road, Great Neck, New York 11020

Post Office Address same as above

Full name of joint inventor (if any) Ann Marie Schmidt

Inventor's signature

Citizenship U.S.A. Date of signature

Residence 242 Haven Road, Franklin Lakes, New Jersey, 07417

Post Office Address same as above

Full name of joint inventor (if any) Shi Du Yan

Inventor's signature

Citizenship People's Republic of China Date of signature

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*Declaration and Power of Attorney*

*Page 4*

*Full name of joint  
inventor (if any)* Berislav Zlokovic

*Inventor's signature* \_\_\_\_\_

*Citizenship* \_\_\_\_\_ *Date of signature* \_\_\_\_\_

*Residence* \_\_\_\_\_

*Post Office Address* same as above

\_\_\_\_\_

004460 81982960

Applicant or Patentee: David M. Stern, et al. Attorney's 0575/62097/  
Serial or Patent No.: Yet Known Docket No: JPW/JML  
Filed or Issued: With  
Title of Invention or Patent: A METHOD TO INCREASE CEREBRAL BLOOD FLOW IN AMYLOID  
ANGIOPATHY

VERIFIED STATEMENT (DECLARATION) CLAIMING  
SMALL ENTITY STATUS UNDER 37 C.F.R. §1.9(f)  
AND §1.27(d) - NONPROFIT ORGANIZATION

I hereby declare that I am an official empowered to act on behalf of the nonprofit organization identified below:

Name of Organization: The Trustees of Columbia University in the City of New York

Address of Organization: Broadway and West 116th Street  
New York, New York 10027

**TYPE OF ORGANIZATION:**

  X   UNIVERSITY OR OTHER INSTITUTION OF HIGHER EDUCATION  
TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE 26 U.S.C. §§501(a) and  
501(c)(3)  
NONPROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATUTE OF STATE OF THE UNITED  
STATES OF AMERICA  
NAME OF STATE: \_\_\_\_\_  
CITATION OF STATUTE: \_\_\_\_\_  
WOULD QUALIFY AS TAX EXEMPT UNDER INTERNAL REVENUE SERVICE CODE 26 U.S.C.  
§§501(a) and 501(c)(3) IF LOCATED IN THE UNITED STATES OF AMERICA  
WOULD QUALIFY AS NONPROFIT SCIENTIFIC OR EDUCATIONAL UNDER STATUTE OF STATE  
OF THE UNITED STATES OF AMERICA IF LOCATED IN THE UNITED STATES OF AMERICA  
NAME OF STATE: \_\_\_\_\_  
CITATION OF STATUTE: \_\_\_\_\_

I hereby declare that the nonprofit organization identified above qualifies as a nonprofit organization as defined in 37 C.F.R. §1.9(e)\* for purposes of paying reduced fees under 35 U.S.C. §41(a) and 41(b), with regard to the invention entitled A METHOD TO INCREASE CEREBRAL BLOOD FLOW IN AMYLOID ANGIOPATHY

by inventor(s) David M. Stern, Ann Marie Schmidt, Shi Du Yan, and Berislav Zlokovic  
described in:

X the specification filed herewith  
application serial no. \_\_\_\_\_ filed \_\_\_\_\_  
patent no. \_\_\_\_\_ issued \_\_\_\_\_

I hereby declare that rights under contract or law have been conveyed to and remain with the nonprofit organization with regard to the above identified invention.

If the rights held by the nonprofit organization are not exclusive each individual, concern, or organization known to have rights to the invention is listed below<sup>a</sup> and no rights to the invention are held by any person, other than the inventor, who could not qualify as a small business concern under 37 C.F.R. §1.9(d)\* or a nonprofit organization under 37 C.F.R. 1.9(e)\*

<sup>a</sup>NOTE: Separate verified statements are required from each person, concern, or organization having rights to the invention averring to their status as small entities. 37 C.F.R. §1.27.

Name : \_\_\_\_\_  
Address : \_\_\_\_\_

Individual	Small Business Concern	Nonprofit Organization
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I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. 37 C.F.R. §1.28(b)\*.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. §1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

Name of Person Signing: Jack M. Granowitz  
Title In Organization: Executive Director, Columbia Innovation Enterprise  
Address: Columbia University, Engineering Terrace - Suite 363  
West 120th Street and Amsterdam Avenue, New York, New York, 10027  
Signature: \_\_\_\_\_  
Date Of Signature: \_\_\_\_\_